

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/24

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90188 033 \*\*\*150.00

**DOCUMENT # P00000103355**

1. Entity Name

**JUST DOORS INSTALLATIONS INC.**

Principal Place of Business

**870 FRANCIS ST.  
 ALTAMONTE SPRINGS FL 32701**

Mailing Address

**870 FRANCIS ST.  
 ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

**870 FRANCIS ST**

Suite, Apt. #, etc.

3. Mailing Address

**870 FRANCIS ST**

Suite, Apt. #, etc.

City & State

**Altamonte Sp Fl**

City & State

**Altamonte Sp. Fl**

Zip

**32701**

Country

**SEMINOLE**

Zip

**32701**

Country

**SEMINOLE**

4. FEI Number

**59-3681691**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GILMORE, CHARLES L  
 870 FRANCIS ST.  
 ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Charles L Gilmore*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

**PRESIDENT  
 CHARLES L GILMORE  
 870 FRANCIS ST  
 ALT SP FL 32701**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charles L Gilmore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-01 407 331 9663**

Date

Daytime Phone #

CR2E034 (10/00)